

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104751

1. Entity Name

INTERNATIONAL CONSULTING & SALES MANAGEMENT, INC

Principal Place of Business

5550 SAN GABRIEL WAY
ORLANDO FL 32837

Mailing Address

5550 SAN GABRIEL WAY
ORLANDO FL 32837

2. Principal Place of Business

2954 W 84TH ST.

Suite, Apt. #, etc.

Bay 7

City & State

HALEAH, FL

Zip

33018

Country

3. Mailing Address

2954 W. 84TH ST.

Suite, Apt. #, etc.

Bay 7

City & State

HALEAH, FL

Zip

33018

Country

03/20/02-90010-028 \$150.00

4. FEI Number

59-3754321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

LUIS PELAEZ

Street Address (P.O. Box Number is Not Acceptable)

2954 W 84TH ST. Bay 7

City

HALEAH

FL

Zip Code
33018

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/01/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PELAZ, LUIS	
STREET ADDRESS	5550 SAN GABRIEL WAY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JUAN C	
STREET ADDRESS	5550 SAN GABRIEL WAY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELAZ, LUIS	
STREET ADDRESS	2954 W 84TH ST. Bay 7	
CITY-ST-ZIP	HALEAH, FL 33018	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, JUAN C.	
STREET ADDRESS	2954 W. 84TH ST. Bay 7	
CITY-ST-ZIP	HALEAH, FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/02

Date

Daytime Phone #

FILED

02 MAR 27 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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